



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH**

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

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Director of Health and Human Services

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Application for a Permit to Operate a Tanning Facility in the Town of Arlington

Name of Establishment_____

Address_____

Phone _____

Person in Charge or Owner_____

Number of Tanning Devices_____

Types of Device(s) (Booths, Beds, etc.)_____

Manufacturer of Device(s)_____

List all persons who operate the tanning device(s) at this facility_____

Type of sanitizer/disinfectant used for contact surfaces_____

Annual Fee: \$145.00 (checks made payable to: Town of Arlington)

Please attach one (1) copy of the customer warning statement, and one (1) copy of the injury report form used.

Signature of Manager/Owner_____ Date_____